

PANSOPHIA ACADEMY
Re-Enrollment Form
2019-2020

Please read the following statements. Check those that apply to your situation, sign and return to the office by **Friday, March 29, 2019**. If you have any siblings you wish to enroll at Pansophia Academy for next fall, please mark the appropriate space. **This form is not valid without a parent signature at the bottom of the page. Enrollment is limited; reserve your spot today. Students that do not re-enroll will be wait listed.**

***One returning student per re-enrollment form**

_____ My child **will** return to Pansophia Academy for the 2019-2020 school year.

Student Name: (First, middle, last)

Grade (2019-20)

_____ My child **will not** be returning to Pansophia Academy for the 2018-2019 school year.

Student Name: (First, middle, last)

Grade (2019-20)

Reason(s) my student will not be returning:

Academics

Sports

Transportation

Other:

New Sibling Enrollment

_____ I would like to enroll the following, new siblings, at Pansophia Academy for the 2019-2020 school year.

New student (siblings) to be enrolled:

Student Name: (First, middle, last)

Grade (2019-20)

Age

Address: Street, City, State, Zip

Parent Signature:
